



## Children and Youth Medication Record

Prescription medications must be brought in the original container, indicating participant's name, the dosage, directions for use and medication type. Non-prescription medications must be brought in the original container.

Name			
Name of Physician			
Nature of illness being treated			
Medication(s)	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Start date:</td> <td style="border: none;">End date:</td> </tr> </table>	Start date:	End date:
Start date:	End date:		
Amount(s) to be given	Exact times to be given		

**Special Instructions** (i.e. with food, etc.)

**Medication Administration Record** (completed by Camp Specialist)

Date	Medication	Dosage	Time	Staff Signature

**Signatures**

Parent/Guardian Signature	Date
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